

XS BROKERS

# Renewal Insurance Quotation

Reference #: 1865172A -Ian Donegan

**DATE:** August 25, 2025

**XS CLIENT:** Kaplansky Insurance Agency(Truro) (Alera Group)  
P.O. Box 267  
North Truro, MA 02652

**RENEWAL OF:** XSZ218761

**INSURED:** Corn Hill Cottages Condominium  
Attn: on Time Property Management Leonard Wright  
226 Peterson St  
Fort Collins, CO 80524

**LOCATION ADDRESS:** 62 Corn Hill Rd , Truro MA, 02666

**INSURER:** Lloyd's of London AM Best rating: A+ Non-Admitted

**POLICY PERIOD:** 10/2/2025 TO 10/2/2026

**COVERAGE:** Property - Monoline **TERM:** 12 Months

**12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE BINDER OR FORMAL POLICY(IES) ISSUED TO REPLACE IT.**

**LIMITS OF LIABILITY:** \$3,260,000 Building's per SOV schedule on file

Agreed Amount/RCV Valuation  
NIL Coinsurance

**POLICY FORM:** Special Form X F&Q

**DEDUCTIBLE:** \$5,000 All Perils, except  
2% / \$10,000 Minimum Wind/Hail Deductible

**PREMIUM** \$24,451.00

**TAXES** \$978.04

**Policy Fee** \$350.00

**TOTAL** **\$25,779.04**

**TRIA: If the insured desires Terrorism Coverage, add an additional premium of \$2,445.00 plus applicable state tax of \$97.80.**

**ENDORSEMENTS / EXCLUSIONS:**

- CF150s 11-85 Commercial Property Coverage Part Declarations
- CG2170 01-08 Cap On Losses From Certified Acts Of Terrorism
- CG2176 01-08 Exclusion of Punitive Damages Related To A Certified Act of Terrorism
- CP001006-07 Building and Personal Property Coverage Form
- CP001706-07 Condominium Association Coverage Form

- CP009007-88 Commercial Property Conditions
- CP010910-00 Massachusetts Changes
- CP014007-06 Exclusion of Loss Due to Virus or Bacteria
- CP032010-92 Multiple Deductible Form
- CP0321(06-95) Windstorm or Hail Percentage Deductible
- CP040504-02 Ordinance Or Law Coverage
- CP103004-02 Causes of Loss - Special Form
- IL0017 11-98 Common Policy Conditions
- IL0415a04-98 Protective Safeguards: Smoke Detector
- IL0415d04-98 Protective Safeguards: Domestic Water Shutoff Warranty " Pipes Drained or Heat Maintained at 60 degrees
- LGF01 01-20 Debris removal endst; Several liability endst; Cancellation clause and Lloyds privacy notice. Excl Total Pollution, Biological/Chemical & Radioactive materials, War/Terrorism, Microorganisms, Elec Date recognition,Cyber, Lead, Mold, Land & Water, Nuclear.
- LL-EPE 04-13 Lloyds Extended Property Enhancement
- LMA0001 01-17 Claim Reporting Notice
- LMA3100 09-10 Sanction Limitation and Exclusion Clause
- LMA5019 09-05 Asbestos Endorsement
- LMA5020 01-20 Service of Suit Clause
- LMA5021 09-05 Applicable Law (U.S.A)
- LMA5218 12-07 US Terrorism Act of 2002 as amended Accepted
- LMA5393 04-20 Communicable Disease Endorsement
- LMA5401 11-19 Property Cyber and Data Exclusion
- LSW1135b 06-03 Lloyd's Privacy Policy Statement
- MASL001 05-16 MASL001 - Massachusetts Surplus Lines Notice
- NMA2341 11-88 Land, Water and Air Exclusion
- SLC1 05-11 Common Policy Declarations Page
- UTSSP2 12-95 Form Schedule
- XSB-IPS 02\_20 Insurer Participation Schedule Pro Rata Shares Applicable To This Policy
- XSB-Jacket 02-20 Insurance Policy Jacket

**SUBJECT TO:**

In order to bind coverage, please address the following – a faxed copy or email address is acceptable:

- Completed, Signed/Dated Terrorism disclosure form with the appropriate coverage selection made.
- Completed, Signed/Dated MA Affidavit – by the insured.
- Fully Completed, Signed/Dated ACORD Application (125/140).

\*\*\*Please be advised that the bind date is not guaranteed unless all requested paperwork is received in full on or before the requested effective date.\*\*\*

**TERMS / CONDITIONS:**

**100% MINIMUM AND DEPOSIT**

**25% MINIMUM EARNED PREMIUM AT INCEPTION.**

**ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

This proposal expires 30 days from the issue date listed below or the policy expiration date, whichever comes first, and should be reconfirmed after that time. This proposal is based on the underwriting and rating information in the application provided by you. The coverage and terms being offered may not be the same or as broad as requested in your application. Please review carefully and advise us immediately if you have any questions.  
 Thank you for the opportunity to help you service your clients needs. We look forward to receiving your order.

**UNDERWRITING CONTACT: Ian Donegan**

**ACCOUNT EXECUTIVE: Charise White**

**CLAIMS CONTACT: Cindy Siegel-Kiely**

**INSURED: Corn Hill Cottages Condominium**

DATE QUOTED: August 25, 2025

Form BR-7

AFFIDAVIT BY ASSURED

Affidavit # \_\_ 2025\_\_

I/We **Corn Hill Cottages Condominium**, do hereby state that on **10/2/2025**, I/We directed **Kaplansky Insurance Agency(Truro) (Alera Group)** my/our insurance broker, to obtain insurance against certain risks as described herein. My/Our Insurance Broker informed us that the required insurance could not be obtained from, or would not be written by, companies licensed or admitted to transact business in the Commonwealth of Massachusetts. I/We, the Assured, was/were informed that the type and amount of insurance shown below could be obtained from certain insurers not admitted to transact business in the Commonwealth. I/We was/were further informed:

- A. The surplus lines insurer with whom the insurance was placed is not licensed in this state and is not subject to Massachusetts regulations.
- B. In the event of the insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty fund.

Signature by Assured: Leonard Wright  
 Print Name: Corn Hill Cottages Condominium  
 Date: 10/2/2025

**THIS PORTION MUST BE COMPLETED AND SIGNED BY THE ORIGINAL BROKER**

Name of Insured: **Corn Hill Cottages Condominium**  
Address: **Attn: on Time Property Management Leonard Wright 226 Peterson St Fort Collins CO 80524**

Location: **62 Corn Hill Rd Truro MA 02666**  
Description: **Condominiums**  
Coverage: **Property - Monoline**  
Premium: **\$24,451.00**  
Tax: **\$978.04**

I/We hereby verify that I/We explained to the insured and it was acknowledged that he/she understood such.

License #: 1781472 Signature: Heather K. Rogers Date: 10/2/2025

A copy of this affidavit must be kept in the original broker's file and a copy must be given to the assured at the time said copy was completed by him/her.

**AFFIDAVIT BY SPECIAL BROKER**

I, **Adam W Devine** of **XS Brokers Insurance Agency**, in said county of **Norfolk** depose and say that I was engaged directly by the Assured named herein or informed by the Assured's Insurance licensed Agent.Broker that after diligent efforts, he/she is unable to procure in companies admitted to do business in this Commonwealth the amount and or type of insurance necessary to protect the insurable interests described above. This Affidavit is made to comply with the requirements of Section 168 of 175 of the General Laws, and to authorize me as a licensed special insurance broker under said section to procure insurance for said insurable interests beyond that which companies admitted to do business in the Commonwealth are willing to write thereon. The following companies or groups are among those which have accepted all or part thereof:

Company	Premium	NAIC	Policy#
Lloyd's of London	\$24,451.00	As On File	TBI

Amendments to Affidavit: ( ) Increase ( ) Decrease

I hereby verify the foregoing statements and declare that they were made under the penalties of perjury.

License #: 2330654 Signature: Adam W Devine Date: 10/2/2025

Original affidavit must be kept in the Special Brokers File and a copy filed with the Division of Insurance of the Commonwealth of Massachusetts within twenty days following date of procurement.

**XSBROKERS - BR7**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD <b>\$\$2,445.00</b>
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Signed by:

*Leonard Wright*

Policy Applicant's Signature

Syndicate on behalf of certain underwriters at  
Lloyd's

Corn Hill Cottages Condominium

Print Name  
01-Oct-2025 | 8:06 AM PDT

Policy Number

Date

LMA9104

12 January 2015



**CONTACT INFORMATION**

CONTACT TYPE:				CONTACT TYPE:			
CONTACT NAME: <b>Margaret Grierson</b>				CONTACT NAME: <b>Leonard Wright</b>			
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
				<b>(970) 231-1160</b>			
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
<b>1</b>	<b>62 Corn Hill Rd.</b>	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: <b>Truro</b>	STATE: <b>MA</b>	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
<b>1</b>	COUNTY: <b>Barnstable</b>	ZIP: <b>02666</b>			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: <b>11 Buildings, 13 units.</b>					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
<b>1</b>	<b>62 Corn Hill Rd.</b>	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: <b>Truro</b>	STATE: <b>MA</b>	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
<b>2</b>	COUNTY: <b>Barnstable</b>	ZIP: <b>02666</b>			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
<b>1</b>	<b>62 Corn Hill Rd.</b>	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: <b>Truro</b>	STATE: <b>MA</b>	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
<b>3</b>	COUNTY: <b>Barnstable</b>	ZIP: <b>02666</b>			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
<b>1</b>	<b>62 Corn Hill Rd.</b>	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: <b>Truro</b>	STATE: <b>MA</b>	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
<b>4</b>	COUNTY: <b>Barnstable</b>	ZIP: <b>02666</b>			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

**NATURE OF BUSINESS**

<input checked="" type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input checked="" type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
<b>13 Unit Condo Association - 11 buildings</b>					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE							REFERENCE / LOAN #:	INTEREST END DATE:
	LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):					
REASON FOR INTEREST:			E-MAIL ADDRESS:					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				<b>N</b>
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				<b>N</b>
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				<b>N</b>
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				<b>N</b>
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				<b>N</b>
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				<b>N</b>
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				<b>N</b>
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				<b>N</b>
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				<b>N</b>
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				<b>N</b>
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? <b>NAME OF TRUST:</b>				<b>N</b>
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				<b>N</b>
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SEE ATTACHED ACORD 101**

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
<b>2021 - 2022</b>	CARRIER			<b>Lloyd's of London</b>	
	POLICY NUMBER			<b>XSZ181010</b>	
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE			<b>10/02/2021</b>	
	EXPIRATION DATE			<b>10/02/2022</b>	

**PRIOR CARRIER INFORMATION (continued)**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**LOSS HISTORY**  Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS						TOTAL LOSSES: \$	0	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N	

**SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) **(Applicant's Initials):** \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.


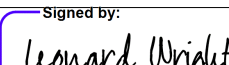
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>Heather Rogers</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>1927132</b>
APPLICANT'S SIGNATURE 	Signed by: <b>Leonard Wright</b>	DATE 01-Oct-2025   NATIONAL PRODUCER NUMBER <b>810251050 DT</b>



**ADDITIONAL PREMISES INFORMATION SCHEDULE**

AGENCY <b>Kaplansky Insurance</b>		CARRIER <b>Lloyd's of London</b>		NAIC CODE <b>N/A</b>
POLICY NUMBER QUOTE		EFFECTIVE DATE <b>10/02/2025</b>	NAMED INSURED(S) <b>Corn Hill Cottages Condominium</b>	

**PREMISES INFORMATION**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	62 Corn Hill Rd.	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY: <b>Truro</b>	STATE: <b>MA</b>	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: <b>Barnstable</b>	ZIP: <b>02666</b>			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
1	62 Corn Hill Rd.	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY: <b>Truro</b>	STATE: <b>MA</b>	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: <b>Barnstable</b>	ZIP: <b>02666</b>			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
1	62 Corn Hill Rd.	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY: <b>Truro</b>	STATE: <b>MA</b>	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: <b>Barnstable</b>	ZIP: <b>02666</b>			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
1	62 Corn Hill Rd.	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY: <b>Truro</b>	STATE: <b>MA</b>	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: <b>Barnstable</b>	ZIP: <b>02666</b>			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
1	62 Corn Hill Rd.	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY: <b>Truro</b>	STATE: <b>MA</b>	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: <b>Barnstable</b>	ZIP: <b>02666</b>			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
1	62 Corn Hill Rd.	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY: <b>Truro</b>	STATE: <b>MA</b>	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: <b>Barnstable</b>	ZIP: <b>02666</b>			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.



**ADDITIONAL PREMISES INFORMATION SCHEDULE**

AGENCY <b>Kaplansky Insurance</b>		CARRIER <b>Lloyd's of London</b>		NAIC CODE <b>N/A</b>
POLICY NUMBER <b>QUOTE</b>		EFFECTIVE DATE <b>10/02/2025</b>	NAMED INSURED(S) <b>Corn Hill Cottages Condominium</b>	

**PREMISES INFORMATION**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	62 Corn Hill Rd.	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY: <b>Truro</b>	STATE: <b>MA</b>	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
12	COUNTY: <b>Barnstable</b>	ZIP: <b>02666</b>			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.



**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Kaplansky Insurance</b>		NAMED INSURED Corn Hill Cottages Condominium c/o Leonard Wright 226 Peterson St Fort Collins, CO 80524	
POLICY NUMBER		EFFECTIVE DATE: <b>10/02/2025</b>	
<b>QUOTE</b>			
CARRIER <b>Lloyd's of London</b>	NAIC CODE <b>N/A</b>		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 125 FORM TITLE: COMMERCIAL INSURANCE APPLICATION INFORMATION SECTION

**NP Info TAM Page # 001**

Forms and Endorsements 07/08 SLC-1 Commercial Declarations LGF01 Lloyds General Forms Contract Contract Participation CEF1106 Canopus Exclusion IL0017(11-98) Common Policy Conditions IL0415a(04-98) Smoke Detector Warranty LMA5019 Asbestos Endorsement LMA5020 Service of Suit Clause LMA5053 U.S. Terrorism Insurance CL150(11-85)A General Liability Dec. CG0001(12-04)a Commercial General Liability CG0067(03-05) Exclusion-Violation of Statutes CG0300(01-96) Deductible Liability Insurance CG2144(07-98) Limitation of Coverage To Designated E001(03-05) Assault & Battery E002(12-05) CGL Blanket Endorsement E003(12-04) Mold and/or Fungus Exclusion E004(03-05) General Endorsement E015(07-01) Privacy Statement

**NP Info TAM Page # 002**

Forms and Endorsements 07/08 (con't) E016(07-01) Several Liability Endorsement E018 Deductible Liability Insurance E032 Treated Wood Exclusion GLS47SA(04/97) Minimum and Advance Premium CF150s(11-85) New Prop Dec Page CFS27s(09-01) Back Up of Sewers and Drains CP0010(04-02) Building and Personal Property Cov Form CP0090(07-88) Commercial Property Conditions CP0109(10-00) MA Changes CP0299(11-85) Cancellation Changes CP0320(10-92) Multiple Deductible Form CP0405(10-00) Ordinance or Law Coverage CP1030(04-02) Causes of Loss-Special Form LLEE20s Commercial Property Extension LLH20 Domestic Water Shutoff NMA2341 Land, Water and Ait Exclusion NMA2342 Seepage and/or Pollution NMA2962 Biological or Chemical Materials Exclusion



AGENCY CUSTOMER ID: CORNHIL-01

HROGERS

**PROPERTY SECTION**

DATE (MM/DD/YYYY)  
09/18/2025

AGENCY NAME <b>Kaplansky Insurance</b>		CARRIER <b>Lloyd's of London</b>		NAIC CODE <b>N/A</b>
POLICY NUMBER <b>QUOTE</b>	EFFECTIVE DATE <b>10/02/2025</b>	NAMED INSURED(S) <b>Corn Hill Cottages Condominium</b>		

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

<b>PREMISES INFORMATION</b>	PREMISES #: <b>1</b>	STREET ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>			
	BUILDING #: <b>1</b>	BLDG DESCRIPTION: <b>#3 Cottage 10 SLW</b>			

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>394,000</b>		<b>C</b>						
<b>Total Combined Building 1-12</b>	<b>3,260,000</b>		Agreed Amou	Special (Including theft)		<b>5,000</b>			<b>2%/\$10,000 Minimum Wind Ded.</b>
<b>Total Combined Building 1-12</b>	<b>3,260,000</b>		Agreed Amou	Windstorm			Percent		<b>2%/\$10,000 Minimum Wind Ded.</b>
<b>Ordinance or Law (building 1-12)</b>	<b>150,000</b>								<b>B and C Combined</b>

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
------------------------	----------------------------------------------------	------------------------------------------------

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N)	OPTIONS
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$

<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK	# OF OPEN SIDES ON STRUCTURE: _____
------------------------------------------------------------------------------	-------------------------------------

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
-------------------	---------------------	-----------	---------------	-------------	---------	-----------	-----------	----------	------------

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>			
ROOFING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT
OTHER: YR: <input type="checkbox"/>	RESISTIVE			DATE INSTALLED: _____ MANUFACTURER: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER		CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

**ADDITIONAL INTEREST** ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: BUILDING:
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: ITEM:
					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: <b>1</b>		STREET ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>							
BUILDING #: <b>2</b>		BLDG DESCRIPTION: <b>5,12 &amp; Storage</b>							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>514,000</b>		<b>C</b>						

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI							

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:				<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	WIND CLASS		SEMI- RESISTIVE	MANUFACTURER: _____	
<input type="checkbox"/> OTHER, YR:		RESISTIVE				

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
---------------------------------------------------------------------------	---------	-------------------------	------------------------------------------------------------------------------

ADDITIONAL INTEREST ACORD 45 attached for additional names			
------------------------------------------------------------	--	--	--

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LOSS PAYEE					LOCATION:	BUILDING:
<input type="checkbox"/> MORTGAGEE					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Line of Business Remark  
 Location is : 2 Building is : 1 Condo Association Coverage Form

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.


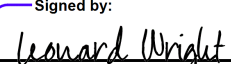
**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>Heather Rogers</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>1927132</b>
APPLICANT'S SIGNATURE 	Signed by: _____	DATE 01-Oct-2025   <b>10:54:50 DT</b> NATIONAL PRODUCER NUMBER <b>816854950</b>



**ADDITIONAL PREMISES INFORMATION**

PREMISES #: <b>1</b>		STREET ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>							
BUILDING #: <b>4</b>		BLDG DESCRIPTION: <b>#7</b>							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>200,000</b>		<b>C</b>						

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI							

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:				<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	WIND CLASS		SEMI- RESISTIVE	MANUFACTURER: _____	
<input type="checkbox"/> OTHER, YR:		RESISTIVE				

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CLOCK HOURLY <input type="checkbox"/>
			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

**ADDITIONAL INTEREST** ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE					LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: _____ ITEM: _____
					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.



**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>Heather Rogers</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>1927132</b>
APPLICANT'S SIGNATURE 	DATE 01-Oct-2025   8:03	NATIONAL PRODUCER NUMBER <b>36861950</b>



AGENCY CUSTOMER ID: CORNHIL-01

HROGERS

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: <b>1</b>		STREET ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>							
BUILDING #: <b>6</b>		BLDG DESCRIPTION: <b>#9</b>							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>202,000</b>		<b>C</b>						

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI							

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____	
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:				MANUFACTURER:	
<input type="checkbox"/> OTHER, YR:	<input type="checkbox"/> RESISTIVE					

PRIMARY HEAT			SECONDARY HEAT		
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N			IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N		

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG
---------------------------------------------------------------------------	--	---------	-------------------------	------------------------------------------	-------------------------------------

**ADDITIONAL INTEREST ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
					LOCATION: _____	BUILDING: _____
					ITEM CLASS: _____	ITEM: _____
	REFERENCE / LOAN #: _____				ITEM DESCRIPTION	

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.


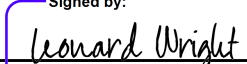
**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>Heather Rogers</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>1927132</b>
APPLICANT'S SIGNATURE 	Signed by: _____	DATE 01-Oct-2025   8:16:51 EDT NATIONAL PRODUCER NUMBER 16851550



AGENCY CUSTOMER ID: CORNHIL-01

HROGERS

**PROPERTY SECTION**

DATE (MM/DD/YYYY)  
09/18/2025

AGENCY NAME <b>Kaplansky Insurance</b>		CARRIER <b>Lloyd's of London</b>		NAIC CODE <b>N/A</b>
POLICY NUMBER <b>QUOTE</b>	EFFECTIVE DATE <b>10/02/2025</b>	NAMED INSURED(S) <b>Corn Hill Cottages Condominium</b>		

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

**PREMISES INFORMATION**

PREMISES #: **1** STREET ADDRESS: **62 Corn Hill Rd., Truro, MA 02666**  
 BUILDING #: **7** BLDG DESCRIPTION: **#10**

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>192,000</b>		<b>C</b>						

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$  
 MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
-------------------	---------------------	-----------	---------------	-------------	---------	-----------	-----------	----------	------------

**BUILDING IMPROVEMENTS**

WIRING, YR:  PLUMBING, YR:   
 ROOFING, YR:  HEATING, YR:   
 OTHER: YR:

BLDG CODE GRADE TAX CODE ROOF TYPE OTHER OCCUPANCIES

WIND CLASS SEMI-RESISTIVE HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT DATE INSTALLED: \_\_\_\_\_  
 RESISTIVE MANUFACTURER: \_\_\_\_\_

**PRIMARY HEAT**  BOILER  SOLID FUEL   
 IF BOILER, IS INSURANCE PLACED ELSEWHERE?  Y/N

**SECONDARY HEAT**  BOILER  SOLID FUEL   
 IF BOILER, IS INSURANCE PLACED ELSEWHERE?  Y/N

RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE FRONT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE CERTIFICATE # EXPIRATION DATE  CENTRAL STATION  LOCAL GONG  
 WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY EXTENT GRADE # GUARDS / WATCHMEN  CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) % SPRNK FIRE ALARM MANUFACTURER  CENTRAL STATION  LOCAL GONG

**ADDITIONAL INTEREST** ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE		LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE		ITEM CLASS: _____ ITEM: _____
<input type="checkbox"/>		ITEM DESCRIPTION
REFERENCE / LOAN #: _____		

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: <b>1</b>		STREET ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>							
BUILDING #: <b>8</b>		BLDG DESCRIPTION: <b>#11</b>							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>205,000</b>		<b>C</b>						

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
------------------------	----------------------------------------------------	------------------------------------------------

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
-------------------	---------------------------	-----------------	---------------	-------------	---------	-----------	-----------	----------	------------

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____				
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:				RESISTIVE	MANUFACTURER: _____			
OTHER: YR:									

PRIMARY HEAT				SECONDARY HEAT			
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N			

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION	<input type="checkbox"/> LOCAL GONG
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT	GRADE

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER	
			<input type="checkbox"/>	<input type="checkbox"/> CENTRAL STATION
			<input type="checkbox"/>	<input type="checkbox"/> LOCAL GONG

**ADDITIONAL INTEREST** ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
					LOCATION: _____	BUILDING: _____
					ITEM CLASS: _____	ITEM: _____
	REFERENCE / LOAN #: _____				ITEM DESCRIPTION	

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.



**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>Heather Rogers</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>1927132</b>
APPLICANT'S SIGNATURE 	DATE 01-Oct-2025   8:	NATIONAL PRODUCER NUMBER <b>06851950T</b>



AGENCY CUSTOMER ID: CORNHIL-01

HROGERS

**PROPERTY SECTION**

DATE (MM/DD/YYYY)  
09/18/2025

AGENCY NAME <b>Kaplansky Insurance</b>		CARRIER <b>Lloyd's of London</b>		NAIC CODE <b>N/A</b>
POLICY NUMBER <b>QUOTE</b>	EFFECTIVE DATE <b>10/02/2025</b>	NAMED INSURED(S) <b>Corn Hill Cottages Condominium</b>		

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

**PREMISES INFORMATION**

PREMISES #: <b>1</b>	STREET ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>
BUILDING #: <b>9</b>	BLDG DESCRIPTION: <b>#16 Cottage 8 SLW</b>

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>366,000</b>		<b>C</b>						

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$  
 MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
-------------------	---------------------	-----------	---------------	-------------	---------	-----------	-----------	----------	------------

**BUILDING IMPROVEMENTS**

WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
ROOFING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER: YR: <input type="checkbox"/>	YR: <input type="checkbox"/>	RESISTIVE		MANUFACTURER:	

**PRIMARY HEAT**  BOILER  SOLID FUEL  IF BOILER, IS INSURANCE PLACED ELSEWHERE?  Y/N

**SECONDARY HEAT**  BOILER  SOLID FUEL  IF BOILER, IS INSURANCE PLACED ELSEWHERE?  Y/N

**RIGHT EXPOSURE & DISTANCE** **LEFT EXPOSURE & DISTANCE** **FRONT EXPOSURE & DISTANCE** **REAR EXPOSURE & DISTANCE**

**BURGLAR ALARM TYPE** **CERTIFICATE #** **EXPIRATION DATE**  CENTRAL STATION  LOCAL GONG  WITH KEYS

**BURGLAR ALARM INSTALLED AND SERVICED BY** **EXTENT** **GRADE** **# GUARDS / WATCHMEN**  CLOCK HOURLY

**PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)** **% SPRNK** **FIRE ALARM MANUFACTURER**  CENTRAL STATION  LOCAL GONG

**ADDITIONAL INTEREST** ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE		LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE		ITEM CLASS: _____ ITEM: _____
<input type="checkbox"/>		ITEM DESCRIPTION
	REFERENCE / LOAN #: _____	

AGENCY CUSTOMER ID: CORNHIL-01

HROGERS

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: <b>1</b>		STREET ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>							
BUILDING #: <b>10</b>		BLDG DESCRIPTION: <b>#17 Cottage 12 SLW</b>							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>321,200</b>		<b>C</b>						

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI							

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____				
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:				RESISTIVE	MANUFACTURER: _____			
<input type="checkbox"/> OTHER, YR:									

PRIMARY HEAT				SECONDARY HEAT			
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE
		# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
---------------------------------------------------------------------------	---------	-------------------------	------------------------------------------------------------------------------

**ADDITIONAL INTEREST ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
					LOCATION: _____	BUILDING: _____
					ITEM CLASS: _____	ITEM: _____
	REFERENCE / LOAN #: _____				ITEM DESCRIPTION	

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.



**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>Heather Rogers</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>1927132</b>
APPLICANT'S SIGNATURE 	Signed by:	DATE 01-Oct-2025   8:06:51 AM EDT NATIONAL PRODUCER NUMBER <b>06851950</b>



AGENCY CUSTOMER ID: CORNHIL-01 HROGERS

**PROPERTY SECTION**

DATE (MM/DD/YYYY)  
**09/18/2025**

AGENCY NAME <b>Kaplansky Insurance</b>		CARRIER <b>Lloyd's of London</b>		NAIC CODE <b>N/A</b>
POLICY NUMBER <b>QUOTE</b>	EFFECTIVE DATE <b>10/02/2025</b>	NAMED INSURED(S) <b>Corn Hill Cottages Condominium</b>		

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

**PREMISES INFORMATION**

PREMISES #: **1** STREET ADDRESS: **62 Corn Hill Rd., Truro, MA 02666**

BUILDING #: **11** BLDG DESCRIPTION: **#18 &19**

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>485,000</b>		<b>C</b>						

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
-------------------	---------------------------	-----------------	---------------	-------------	---------	-----------	-----------	----------	------------

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/>				
ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER: YR: <input type="checkbox"/>	RESISTIVE		MANUFACTURER:	

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG

**ADDITIONAL INTEREST** ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LOSS PAYEE		LOCATION: _____ BUILDING: _____
<input type="checkbox"/> MORTGAGEE		ITEM CLASS: _____ ITEM: _____
<input type="checkbox"/>		ITEM DESCRIPTION
	REFERENCE / LOAN #: _____	

AGENCY CUSTOMER ID: CORNHIL-01

HROGERS

**ADDITIONAL PREMISES INFORMATION**

PREMISES #: <b>1</b>		STREET ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>							
BUILDING #: <b>12</b>		BLDG DESCRIPTION: <b>Laundry Shed</b>							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
<b>Building</b>	<b>10,000</b>		<b>C</b>						

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI							

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS		SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____			
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:					RESISTIVE	MANUFACTURER:		
<input type="checkbox"/> OTHER, YR:									

PRIMARY HEAT				SECONDARY HEAT			
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N			

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	<input type="checkbox"/> CLOCK HOURLY
-----------------------------------------	--------	-------	---------------------	---------------------------------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	<input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG
---------------------------------------------------------------------------	---------	-------------------------	------------------------------------------------------------------------------

**ADDITIONAL INTEREST ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
					LOCATION: _____	BUILDING: _____
					ITEM CLASS: _____	ITEM: _____
	REFERENCE / LOAN #: _____				ITEM DESCRIPTION	

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.


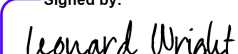
**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>Heather Rogers</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>1927132</b>
APPLICANT'S SIGNATURE 	DATE 01-Oct-2025   8:06	NATIONAL PRODUCER NUMBER <b>66851950</b>



# STATEMENT OF VALUES

DATE (MM/DD/YYYY)  
**09/18/2025**

AGENCY <b>Kaplansky Insurance</b> PO Box 267 154 Shore Rd North Truro, MA 02652	PHONE (A/C, No, Ext): <b>(508) 487-6060</b> FAX (A/C, No): <b>(508) 487-2040</b>	COMPANY <b>Lloyd's of London</b> INSURED / APPLICANT <b>Corn Hill Cottages Condominium</b> HEADQUARTERS ADDRESS	NAIC CODE: <b>N/A</b> POLICY NUMBER <b>QUOTE</b>	PAGE <b>1 OF 2</b> EFFECTIVE DATE <b>10/02/2025</b>																																
CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID <b>CORNHIL-01</b>		COINS %      APPLICABLE CAUSES OF LOSS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:10%;">80%</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">BASIC</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">EARTHQUAKE COV</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:15%;">SPECIFIC AVERAGE RATE REQUESTED</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>90%</td> <td><input type="checkbox"/></td> <td>BROAD</td> <td><input type="checkbox"/></td> <td>FLOOD</td> <td><input type="checkbox"/></td> <td>BLANKET RATE REQUESTED</td> </tr> <tr> <td><input type="checkbox"/></td> <td>100%</td> <td><input checked="" type="checkbox"/></td> <td>SPECIAL</td> <td><input type="checkbox"/></td> <td>SPRINKLER LEAKAGE EXCL</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td>VANDALISM EXCL</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/>	80%	<input type="checkbox"/>	BASIC	<input type="checkbox"/>	EARTHQUAKE COV	<input type="checkbox"/>	SPECIFIC AVERAGE RATE REQUESTED	<input checked="" type="checkbox"/>	90%	<input type="checkbox"/>	BROAD	<input type="checkbox"/>	FLOOD	<input type="checkbox"/>	BLANKET RATE REQUESTED	<input type="checkbox"/>	100%	<input checked="" type="checkbox"/>	SPECIAL	<input type="checkbox"/>	SPRINKLER LEAKAGE EXCL	<input type="checkbox"/>						<input type="checkbox"/>	VANDALISM EXCL		
<input type="checkbox"/>	80%	<input type="checkbox"/>	BASIC	<input type="checkbox"/>	EARTHQUAKE COV	<input type="checkbox"/>	SPECIFIC AVERAGE RATE REQUESTED																													
<input checked="" type="checkbox"/>	90%	<input type="checkbox"/>	BROAD	<input type="checkbox"/>	FLOOD	<input type="checkbox"/>	BLANKET RATE REQUESTED																													
<input type="checkbox"/>	100%	<input checked="" type="checkbox"/>	SPECIAL	<input type="checkbox"/>	SPRINKLER LEAKAGE EXCL	<input type="checkbox"/>																														
				<input type="checkbox"/>	VANDALISM EXCL																															

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/RC <sub>1</sub>	SUBJECT <sub>2</sub>	100% VALUES	RATE OR LOSS COST <sub>3</sub>	PREMIUM
	1	1	DESC: <b>Cottage #10 SLW</b> ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>	R	B	\$394,000.00		
	1	2	DESC: <b>Cottage 5, 12 &amp; Storage</b> ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>	R	B	\$514,000.00		
	1	3	DESC: <b>Cottage #6</b> ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>	R	B	\$186,000.00		
	1	4	DESC: <b>Cottage #7</b> ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>	R	B	\$200,000.00		
	1	5	DESC: <b>Cottage #8</b> ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>	R	B	\$184,800.00		
	1	6	DESC: <b>Cottage #9</b> ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>	R	B	\$202,000.00		
	1	7	DESC: <b>Cottage #10</b> ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>	R	B	\$192,000.00		
	1	8	DESC: <b>Cottage #11</b> ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>	R	B	\$205,000.00		
	1	9	DESC: <b>Cottage #8 SLW</b> ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>	R	B	\$366,000.00		
	1	10	DESC: <b>Cottage #12 SLW</b> ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>	R	B	\$321,200.00		
	1	11	DESC: <b>Cottage #18 &amp; 19</b> ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>	R	B	\$485,000.00		
<b>TOTAL</b>						<b>\$ 3,260,000.00</b>	<b>N/A</b>	<b>\$ 0.00</b>

**INSTRUCTIONS**

- ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.
- SUBJECT:  
 B = Building    S = Stock    F = Furniture & Fixtures    M = Machinery  
 BPP = Your Business Personal Property    PPO = Personal Property of Others  
 BI = Business Income    R = Rental Income    Other - specify
- RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

**SIGNATURE**

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed by:  
  
 INSURED'S SIGNATURE: \_\_\_\_\_  
E19A467796DB4C7...  
 TITLE: Co-President  
 DATE: 01-Oct-2025 | 8:06 AM PDT



# STATEMENT OF VALUES

DATE (MM/DD/YYYY)  
**09/18/2025**

AGENCY <b>Kaplansky Insurance</b> PO Box 267 154 Shore Rd North Truro, MA 02652  CODE: AGENCY CUSTOMER ID <b>CORNHIL-01</b>	PHONE (A/C, No, Ext): <b>(508) 487-6060</b> FAX (A/C, No): <b>(508) 487-2040</b>	COMPANY <b>Lloyd's of London</b>  INSURED / APPLICANT <b>Corn Hill Cottages Condominium</b> HEADQUARTERS ADDRESS  NAIC CODE: <b>N/A</b>	POLICY NUMBER <b>QUOTE</b>	PAGE <b>2 OF 2</b>  EFFECTIVE DATE <b>10/02/2025</b>																																
COINS %      APPLICABLE CAUSES OF LOSS																																				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">80%</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">BASIC</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">EARTHQUAKE COV</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">SPECIFIC AVERAGE RATE REQUESTED</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>90%</td> <td><input type="checkbox"/></td> <td>BROAD</td> <td><input type="checkbox"/></td> <td>FLOOD</td> <td><input type="checkbox"/></td> <td>BLANKET RATE REQUESTED</td> </tr> <tr> <td><input type="checkbox"/></td> <td>100%</td> <td><input checked="" type="checkbox"/></td> <td>SPECIAL</td> <td><input type="checkbox"/></td> <td>SPRINKLER LEAKAGE EXCL</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td>VANDALISM EXCL</td> <td></td> <td></td> </tr> </table>					<input type="checkbox"/>	80%	<input type="checkbox"/>	BASIC	<input type="checkbox"/>	EARTHQUAKE COV	<input type="checkbox"/>	SPECIFIC AVERAGE RATE REQUESTED	<input checked="" type="checkbox"/>	90%	<input type="checkbox"/>	BROAD	<input type="checkbox"/>	FLOOD	<input type="checkbox"/>	BLANKET RATE REQUESTED	<input type="checkbox"/>	100%	<input checked="" type="checkbox"/>	SPECIAL	<input type="checkbox"/>	SPRINKLER LEAKAGE EXCL	<input type="checkbox"/>						<input type="checkbox"/>	VANDALISM EXCL		
<input type="checkbox"/>	80%	<input type="checkbox"/>	BASIC	<input type="checkbox"/>	EARTHQUAKE COV	<input type="checkbox"/>	SPECIFIC AVERAGE RATE REQUESTED																													
<input checked="" type="checkbox"/>	90%	<input type="checkbox"/>	BROAD	<input type="checkbox"/>	FLOOD	<input type="checkbox"/>	BLANKET RATE REQUESTED																													
<input type="checkbox"/>	100%	<input checked="" type="checkbox"/>	SPECIAL	<input type="checkbox"/>	SPRINKLER LEAKAGE EXCL	<input type="checkbox"/>																														
				<input type="checkbox"/>	VANDALISM EXCL																															

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/RC <sup>1</sup>	SUBJECT <sup>2</sup>	100% VALUES	RATE OR LOSS COST <sup>3</sup>	PREMIUM
	1	12	DESC: <b>Laundry Shed</b> ADDRESS: <b>62 Corn Hill Rd., Truro, MA 02666</b>	R	B	\$10,000.00		
			DESC:					
			ADDRESS:					
			DESC:					
			ADDRESS:					
			DESC:					
			ADDRESS:					
			DESC:					
			ADDRESS:					
			DESC:					
			ADDRESS:					
			DESC:					
			ADDRESS:					
			DESC:					
			ADDRESS:					
<b>TOTAL</b>						<b>\$ 3,260,000.00</b>	N/A	<b>\$ 0.00</b>

<b>INSTRUCTIONS</b> 1. ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.  2. SUBJECT: B = Building    S = Stock    F = Furniture & Fixtures    M = Machinery BPP = Your Business Personal Property    PPO = Personal Property of Others BI = Business Income    R = Rental Income    Other - specify  3. RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.	<b>SIGNATURE</b> ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF Signed by: INSURED'S SIGNATURE: <u>Leonard Wright</u> E19A467796DB4C7... TITLE: <u>Co-President</u> DATE: <u>01-Oct-2025   8:06 AM PDT</u>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Commercial Insurance Quote Proposal

**To:**  
**Contact Name:**  
**Contact Email:**  
**Contact Phone:**

**From:** XS Brokers Insurance Agency Inc Quincy, MA  
**Address:** 13 Temple Street Quincy MA 02169  
**Contact Name:** Charise White  
**Contact Email:** cwhite@xsbrokers.com  
**Contact Phone:**  
**License #:**

**Underwritten By:** SCOTTSDALE INSURANCE COMPANY

**A.M. Best rated A (Excellent), FSC XV**

**Commission: %**                      **Minimum Earned: 25%**                      **Minimum and Advance Premium:** 100%

These terms are valid for 60 days from SEPTEMBER 17,2025. Our quote may differ from the terms requested. Please review the quote carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

<b>Applicant Name:</b>	CORN HILL COTTAGES CONDOMINIUM
<b>Proposed Policy Period:</b>	10/02/2025 To 10/02/2026
<b>Quote Number:</b>	QT-07379701
<b>Agent Reference Number:</b>	
<b>Renewal of #:</b>	CPS8080256

### Premium Summary

LIABILITY	\$	620.00
<b>Sub Total Premium:</b>	<b>\$</b>	<b>620.00</b>
Policy Fee	\$	125.00
Surplus Lines Tax	\$	24.80
<b>Grand Total:</b>	<b>\$</b>	<b>769.80</b>

**Terrorism:** Terrorism coverage can be purchased for an additional premium of \$31.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

## Commercial Liability Coverage

	Limits
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Per Occurrence	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible	\$1,000 BI/PD/PA PER CLAIMANT

### Liability Rating Classifications and Premium

Loc #/ Bldg #	Program / ISO	Class Code	Description	Exposure	Prem / Prod Rate	Prem / Prod Premium
62 CORN HILL RD TRURO MA 02666						
1 / 1	89	60012	SHORT-TERM RENTALS (DAILY, WEEKLY OR MONTHLY BASIS) - LESS THAN 4 STORIES+	13 / PER EACH/UNITS	\$47.70 INCL	\$620 INCL

† + PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT

### Commercial Liability Additional Coverages

Coverage Description	Form	Limit 1	Limit 2	Deductible	Premium
LIMITED ANIMAL LIABILITY	GLS (HI)-524	\$100,000	\$300,000		\$0
WATER DAMAGE - LIMITED LIABILITY COVERAGE	GLS-694	\$50,000	\$100,000		\$0

### Commercial Liability Additional Insureds

Coverage Description	Form	Premium Basis	Number of A/I's	Premium
ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS	CG 20 04	NO CHARGE	1	INCLUDED

Final Liability Premium:

\$620

## Forms and Endorsements

### Common Policy

NOTX0178CW 03-16 CLAIM REPORTING INFORMATION  
NOTX0423CW 12-20 POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE  
NOTX0650CW 03-24 NOTICE-FRAUD WARNINGS  
UTS-COVPG 03-21 COVER PAGE  
OPS-D-1-0117 01-21 COMMON POLICY DECLARATIONS  
UTS-126L 10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES  
UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS  
UTS-SP-3 08-96 SCHEDULE OF LOCATIONS  
IL 00 17 11-98 COMMON POLICY CONDITIONS  
UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM  
UTS-9g 06-22 SERVICE OF SUIT CLAUSE

### Commercial Liability

CLS-SD-1L 08-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS  
CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS  
CG 00 01 04-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
CG 20 04 11-85 ADDITIONAL INSURED-CONDOMINIUM UNIT OWNERS  
CG 21 06 12-23 EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION  
CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION  
CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION  
CG 21 73 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM  
CG 24 26 04-13 AMENDMENT OF INSURED CONTRACT DEFINITION  
CG 40 12 12-19 EXCLUSION - ALL HAZARDS IN CONNECTION WITH AN ELECTRONIC SMOKING DEVICE, ITS VAPOR, COMPONENT PARTS, EQUIPMENT AND ACCESSORIES  
CG 40 15 12-20 CANNABIS EXCLUSION WITH HEMP EXCEPTION  
GLS-106s 12-13 TOTAL LIQUOR LIABILITY EXCLUSION  
GLS-152s 08-16 AMENDMENT TO OTHER INSURANCE CONDITION  
GLS-289s 11-07 KNOWN INJURY OR DAMAGE EXCLUSION-PERSONAL AND ADVERTISING INJURY  
GLS-328s 11-20 INJURY TO EMPLOYEE AND WORKER EXCLUSION  
GLS-341s 08-12 HYDRAULIC FRACTURING EXCLUSION  
GLS-457s 10-14 AIRCRAFT EXCLUSION  
GLS-47s 10-07 MINIMUM AND ADVANCE PREMIUM ENDORSEMENT  
GLS-524 07-17 LIMITED ANIMAL LIABILITY COVERAGE ENDORSEMENT  
GLS-570 05-23 CONTRACTORS SPECIAL CONDITIONS

09/17/2025 11:00 AM

Page 4 of 4

## Forms and Endorsements

GLS-666 06-22 PFC/PFAS EXCLUSION

GLS-690 03-23 EXCLUSION-TOTAL AIRCRAFT, AUTO OR WATERCRAFT WITH LIMITED EXCEPTIONS

GLS-694 03-23 WATER DAMAGE-LIMITED LIABILITY COVERAGE

GLS-74s 09-05 AMENDMENT OF CONDITIONS

GLS-750 08-24 PROGRESSIVE OR CONTINUOUS DAMAGE OR INJURY EXCLUSION

GLS-94s 06-15 BODILY INJURY, PROPERTY DAMAGE, PERSONAL AND ADVERTISING INJURY LIABILITY DEDUCTIBLE ENDORSEMENT (PER CLAIMANT)

UTS-365s 02-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

UTS-428g 11-12 PREMIUM AUDIT

UTS-611 07-22 EXCLUSION-BIOMETRIC INFORMATION

UTS-632 03-23 EXCLUSION-DESIGNATED CHEMICALS, COMPOUNDS, ENERGY, MATERIAL OR SUBSTANCES

UTS-74g 08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

## Excess Liability Indication

**Applicant Name:** CORN HILL COTTAGES CONDOMINIUM

**Proposed Term:** 10/02/2025 To: 10/02/2026

**Carrier:** SCOTTSDALE INSURANCE COMPANY

<b>Limits</b>	<b>Premium</b>
\$1,000,000	\$750
\$2,000,000	\$1,500
\$3,000,000	\$2,250
\$4,000,000	\$3,000
\$5,000,000	\$3,750

**This is a premium indication only and may be subject to change. Indication is based upon primary quote and cannot be bound. An excess quote will need to be created for formal terms and conditions.**

**Any further changes to this quote will not reflect in the Excess Indication.**

**Freedom Specialty Insurance Company  
National Casualty Company  
Scottsdale Indemnity Company  
Scottsdale Insurance Company  
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the “Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term “certified acts of terrorism” means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from “certified acts of terrorism,” such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers’ liability for losses resulting from “certified acts of terrorism” when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

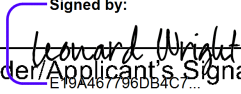
**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:**

**The Note below applies for risks in these states:** California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.**

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>31.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Signed by:  
  
 Policyholder/Applicant's Signature

Leonard Wright  
 Print Name

01-Oct-2025 | 8:06 AM PDT  
 Date

Named Insured/ Business Name

QT-07379701  
 Policy Number, if available

Form BR-7

AFFIDAVIT BY ASSURED

Affidavit # \_\_ 2025\_\_

I/We **Corn Hill Cottages Condominium**, , do hereby state that on **10/2/2025**, I/We directed **Kaplansky Insurance Agency(Truro) (Alera Group)** my/our insurance broker, to obtain insurance against certain risks as described herein. My/Our Insurance Broker informed us that the required insurance could not be obtained from, or would not be written by, companies licensed or admitted to transact business in the Commonwealth of Massachusetts. I/We, the Assured, was/were informed that the type and amount of insurance shown below could be obtained from certain insurers not admitted to transact business in the Commonwealth. I/We was/were further informed:

- A. The surplus lines insurer with whom the insurance was placed is not licensed in this state and is not subject to Massachusetts regulations.
- B. In the event of the insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty fund.

Signature by Assured: Leonard Wright  
 Print Name: Corn Hill Cottages Condominium  
 Date: 10/2/2025

**THIS PORTION MUST BE COMPLETED AND SIGNED BY THE ORIGINAL BROKER**

Name of Insured: **Corn Hill Cottages Condominium**  
 Address: **c/o Leonard Wright 226 Peterson St Fort Collins CO 80524**

Location: **62 Corn Hill Rd Truro MA 02666**  
 Description: **Condo cottages**  
 Coverage: **Commercial General Liability**  
 Premium: **\$620.00**  
 Tax: **\$24.80**

I/We hereby verify that I/We explained to the insured and it was acknowledged that he/she understood such.

License #: 18259312 Signature: Heather K. Rogers Date: 10/2/2025

A copy of this affidavit must be kept in the original broker's file and a copy must be given to the assured at the time said copy was completed by him/her.

**AFFIDAVIT BY SPECIAL BROKER**

I, **Adam W Devine** of **XS Brokers Insurance Agency**, in said county of **Norfolk** depose and say that I was engaged directly by the Assured named herein or informed by the Assured's Insurance licensed Agent.Broker that after diligent efforts, he/she is unable to procure in companies admitted to do business in this Commonwealth the amount and or type of insurance necessary to protect the insurable interests described above. This Affidavit is made to comply with the requirements of Section 168 of 175 of the General Laws, and to authorize me as a licensed special insurance broker under said section to procure insurance for said insurable interests beyond that which companies admitted to do business in the Commonwealth are willing to write thereon. The following companies or groups are among those which have accepted all or part thereof:

Company	Premium	NAIC	Policy#
Scottsdale Insurance Company	\$620.00	As On File	TBI

Amendments to Affidavit: ( ) Increase ( ) Decrease

I hereby verify the foregoing statements and declare that they were made under the penalties of perjury.

License #: 2330654 Signature: Adam W Devine Date: 10/2/2025

Original affidavit must be kept in the Special Brokers File and a copy filed with the Division of Insurance of the Commonwealth of Massachusetts within twenty days following date of procurement.

**XSBROKERS - BR7**



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

**HROGERS**

DATE (MM/DD/YYYY) <b>09/18/2025</b>
----------------------------------------

AGENCY <b>Kaplansky Insurance</b> PO Box 267 154 Shore Rd North Truro, MA 02652	CARRIER <b>Scottsdale Insurance Co.</b> NAIC CODE <b>N/A</b>
CONTACT NAME: <b>Heather Rogers</b> PHONE (A/C, No, Ext): <b>(508) 487-6060</b> FAX (A/C, No): <b>(508) 487-2040</b> E-MAIL ADDRESS: <b>info@kaplansky.com</b> CODE: _____ SUBCODE: _____ AGENCY CUSTOMER ID: <b>CORNHIL-01</b>	COMPANY POLICY OR PROGRAM NAME PROGRAM CODE POLICY NUMBER <b>QUOTE</b> UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL

**LINES OF BUSINESS**

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> CYBER AND PRIVACY	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> MOTOR CARRIER	\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/> TRUCKERS	\$
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> UMBRELLA	\$

**ATTACHMENTS**

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

**POLICY INFORMATION**

PROPOSED EFF DATE <b>10/02/2025</b>	PROPOSED EXP DATE <b>10/02/2026</b>	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT <b>N</b>	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
----------------------------------------	----------------------------------------	--------------------------------------------------------------------------------------------	--------------	-------------------	-------------------	---------------	-----------------------	----------------------

**APPLICANT INFORMATION**

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) <b>Corn Hill Cottages Condominium</b> <b>c/o Leonard Wright</b> <b>226 Peterson St</b> <b>Fort Collins, CO 80524</b>	GL CODE SIC NAICS FEIN OR SOC SEC # BUSINESS PHONE #: <b>(970) 231-1160</b> WEBSITE ADDRESS
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE SIC NAICS FEIN OR SOC SEC # BUSINESS PHONE #: WEBSITE ADDRESS
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE SIC NAICS FEIN OR SOC SEC # BUSINESS PHONE #: WEBSITE ADDRESS
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST <input type="checkbox"/>	

**CONTACT INFORMATION**

CONTACT TYPE:				CONTACT TYPE:			
CONTACT NAME: <b>Margareet Grierson</b>				CONTACT NAME: <b>Susan Rothstein</b>			
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	62 CORN HILL RD	<input type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: TRURO	STATE: MA	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: BARNSTABLE	ZIP: 02666			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: CONDO COTTAGE COLONY					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	62 CORN HILL RD	<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: TRURO	STATE: MA	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: BARNSTABLE	ZIP: 02666			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

**NATURE OF BUSINESS**

<input checked="" type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

**DESCRIPTION OF PRIMARY OPERATIONS**

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
-------------------------------------------------------	-------------------------------------------	--------------------------------------------------------

**DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS**

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
						ITEM DESCRIPTION		
REASON FOR INTEREST:			REFERENCE / LOAN #:		INTEREST END DATE:			
			LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):	
					E-MAIL ADDRESS:			

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES</b>				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				Y
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				Y
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**SEE ATTACHED ACORD 101**

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**PRIOR CARRIER INFORMATION (continued)**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**LOSS HISTORY**  Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS						TOTAL LOSSES: \$	0	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N	

**SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.


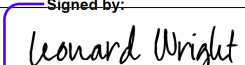
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>Heather Rogers</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>1927132</b>
APPLICANT'S SIGNATURE 	Signed by: _____	DATE 01-Oct-2025   8:16:50 EDT
E19A467796DB4C7...		NATIONAL PRODUCER NUMBER <b>16851450</b>



**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Kaplansky Insurance</b>		NAMED INSURED Corn Hill Cottages Condominium c/o Leonard Wright 226 Peterson St Fort Collins, CO 80524	
POLICY NUMBER		EFFECTIVE DATE: <b>10/02/2025</b>	
<b>QUOTE</b>			
CARRIER <b>Scottsdale Insurance Co.</b>	NAIC CODE <b>N/A</b>		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 125 FORM TITLE: COMMERCIAL INSURANCE APPLICATION INFORMATION SECTION

NP Info TAM Page # 001  
 NAMED INSURED: CORN HILL COTTAGES CONDOMINIUM & TRUSTEES & UNIT OWNERS

NP Info TAM Page # 002  
 Forms and Endorsements 07/08 ESSEXCOVER Essex Cover Page MRE200(04/07) Excess Occurrence Form MRE2002(04/07)  
 Excess Occurrence Excess Dec Page MRE001(01/05) Schedule of Forms Endts MRE003(10/06) Schedule of Underlying MRE004  
 (01/05) Terrorism Exclusion MRE005(01/05) Service of Suit MRE006(01/05) Communicable Disease Exclusion MRE007(01/05)  
 Absorption Inhalation Disease Excl MRE008(01/05) Privacy Notice MRE009(01/05) Terrorism Disclosure Form MRE023(01/05)  
 Animal Exclusion MRE024(01/05) Assault Battery Excl MRE026(01/05) Breach of Contract Excl MRE039(01/05) Contractual Liab  
 Exclusion MRE045(01/05) Cross Suits Excl MRE065(01/05) Empl of Ind Contr Excl MRE102(04/07) Independent and Subs  
 Limitation

NP Info TAM Page # 003  
 Forms and Endorsements 07/08 (con't) MRE126(01/05) Total Liquor Liability Excl MRE129(01/05) Professional Services Excl  
 MRE204(01/05) Abuse Molestation Excl MRE217(01/05) Designated Premises or Project Limitation MRE273(01/05)  
 Intellectual Property Exclusion



AGENCY CUSTOMER ID: CORNHIL-01

HROGERS

**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)  
09/18/2025

AGENCY Kaplansky Insurance	CARRIER Scottsdale Insurance Co.	NAIC CODE N/A
POLICY NUMBER QUOTE	EFFECTIVE DATE 10/02/2025	APPLICANT / FIRST NAMED INSURED Corn Hill Cottages Condominium

**IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.**

**COVERAGES**

**LIMITS**

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$	2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION			PREMISES/OPERATIONS
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			
	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	2,000,000	PRODUCTS
<b>DEDUCTIBLES</b>	PERSONAL & ADVERTISING INJURY	\$	1,000,000	OTHER
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 1,000.00	EACH OCCURRENCE	\$	1,000,000	
<input checked="" type="checkbox"/> BODILY INJURY \$ 1,000.00 <input checked="" type="checkbox"/> PER CLAIM PER OCCURRENCE	DAMAGE TO RENTED PREMISES (each occurrence)	\$	100,000	
<input checked="" type="checkbox"/> PIADV \$ 1,000.00	MEDICAL EXPENSE (Any one person)	\$	5,000	TOTAL
	EMPLOYEE BENEFITS	\$		
		\$		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)  
See attached Additional Coverages overflow.  
See attached Forms & Endorsements Schedule.

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE  IS  IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE  IS  IS NOT AVAILABLE.

**SCHEDULE OF HAZARDS**

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	Short-Term Rentals - Less Than 4 Stories	60012	U	13					
1	1	Condominium - Residential-Association Risk Only	62003	U	13	010				
1	2	Additional insured - CONDOMINIUM UNIT OWNERS Form - CG 20 04	49950							

RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)**

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

**EMPLOYEE BENEFITS LIABILITY**

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

**CONTRACTORS**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>					<b>Y / N</b>
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
<b>DESCRIBE THE TYPE OF WORK SUBCONTRACTED</b>	<b>\$ PAID TO SUB-CONTRACTORS:</b>	<b>% OF WORK SUBCONTRACTED:</b>	<b># FULL-TIME STAFF:</b>	<b># PART-TIME STAFF:</b>	

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.</b>					<b>Y / N</b>
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					
8. PRODUCTS UNDER LABEL OF OTHERS?					
9. VENDORS COVERAGE REQUIRED?					
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER	
		LOCATION:	BUILDING:
		ITEM CLASS:	ITEM:
		ITEM DESCRIPTION	
		REFERENCE / LOAN #:	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)			Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			N
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)
	SMALL TOOLS	LARGE EQUIPMENT	
	SMALL TOOLS	LARGE EQUIPMENT	
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			N
7. ANY PARKING FACILITIES OWNED/RENTED?			Y
8. IS A FEE CHARGED FOR PARKING?			N
9. RECREATION FACILITIES PROVIDED?			N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):			
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS	
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			N
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD			
12. ARE SOCIAL EVENTS SPONSORED?			N
13. ARE ATHLETIC TEAMS SPONSORED?			N
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	
		13 - 18	
		12 & UNDER	OVER 18
EXTENT OF SPONSORSHIP:			
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			N

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

--

**SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.


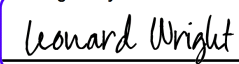
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>Heather Rogers</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>1927132</b>
APPLICANT'S SIGNATURE 	DATE 01-Oct-2025	NATIONAL PRODUCER NUMBER <b>810251050</b>

**Scottsdale Insurance Company**  
Home Office: One West Nationwide Boulevard  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

**Scottsdale Surplus Lines Insurance Company**  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

**Scottsdale Indemnity Company**  
Home Office: One West Nationwide Boulevard  
Columbus, Ohio 43215  
Adm. Office: 18700 North Hayden Road  
Scottsdale, Arizona 85255

**CONDOMINIUM AND HOMEOWNERS ASSOCIATION GENERAL LIABILITY APPLICATION**

Applicant's Name: Corn Hill Cottages Condominium Trust  
c/o Leonard Wright  
Mailing Address: 226 Peterson St  
Fort Collins, CO 80524  
Location Address: 62 Corn Hill Road  
Truro, MA 02666

Agency Name: Kaplansky Insurance Agency  
Agent No.: \_\_\_\_\_  
Address: PO Box 267  
North Truro, MA 02652  
E-mail: hrogers@kaplansky.com  
Phone No.: (508) 487-6060

**PROPOSED EFFECTIVE DATE: From** 10/2/2025 **To** 10/2/2026 **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

- Is there any development and/or construction operations contemplated or in progress? .....  Yes  No  
If yes, explain: \_\_\_\_\_
- Is the builder or developer a member of the board of directors for the association? .....  Yes  No
- How many units are in the name of or owned by the builder or developer? ..... N/A
- Is association membership voluntary? .....  Yes  No  
If yes: How many unit owners are association members? ..... \_\_\_\_\_  
How many non-association units are within the boundaries of the association? ..... \_\_\_\_\_
- What is the year built of the association? ..... \_\_\_\_\_
- Number of units:  
Condominiums—Commercial: \_\_\_\_\_ Condominiums—Residential: 13 Cooperative housing: \_\_\_\_\_  
Single family homes: \_\_\_\_\_ Time-shares: \_\_\_\_\_ Townhomes/Townhouses: \_\_\_\_\_  
Other (describe): \_\_\_\_\_
- How many of the units have not been sold? ..... All Sold
- How many units are rented to others (not owner occupied)? ..... All Rented  
If units are rented to others, how many units does the Association control the rental of? ..... 0  
How many units are rented on a daily, weekly or monthly basis? ..... All
- For condominium associations, are there any seasonal, secondary or vacation units? .....  Yes  No



- 10. Number of stories:** ..... 1 & 2  
 Sprinklered? .....  Yes  No  
 Fire resistive? .....  Yes  No
- 11. Total number of employees:** ..... 0
- 12. Does applicant lease employees?** .....  Yes  No
- 13. Does applicant use subcontractors?** .....  Yes  No  
 If yes:  
 Type of work subcontracted: \_\_\_\_\_  
 Annual subcontract cost: \_\_\_\_\_  
 Are Certificates of Insurance naming insured as additional insured obtained? .....  Yes  No  
 Do subcontractors provide a written contract containing a hold-harmless agreement in favor of the insured? .....  Yes  No  
 Are subcontractor limits equal to or greater than our policy limits, or a minimum \$1,000,000 each Occurrence/\$2,000,000 Aggregate? .....  Yes  No
- 14. Any prior losses due to mold?** .....  Yes  No  
 If yes, has mold been completely remediated? .....  Yes  No
- 15. Has this association had prior liability claims related to water damage in the prior three years?** .  Yes  No  
 If yes, explain and advise steps taken to mitigate future similar claims: \_\_\_\_\_
- 
- 16. Is this a master association, which provides group common areas for individual associations?** .  Yes  No
- 17. Is this a planned unit/community development that includes residential with commercial and/or institutional members?** .....  Yes  No
- 18. Does the association have call buttons or pull cords?** .....  Yes  No
- 19. Does the association have an airport or airstrip?** .....  Yes  No
- 20. Any waterworks/sewage treatment/disposal facilities?** .....  Yes  No  
 Describe in detail: \_\_\_\_\_
- 
- If yes, is it maintained and operated by applicant? .....  Yes  No
- 21. Any garbage dumps or landfills?** .....  Yes  No
- 22. Is the association responsible for maintenance of the roads?** .....  Yes  No  
 If yes, how many miles of road? ..... .6 mile- shared with 4 private houses
- 23. Any stables?** .....  Yes  No  
 If yes, advise payroll: \_\_\_\_\_  
 Riding arenas? .....  Yes  No  
 Jumps? .....  Yes  No  
 Saddle animals for hire? .....  Yes  No

**24. Number of:**

Baseball Fields		Ice Skating	
Basketball Courts		Lakes**	_____ acres
Bathing Beaches		Parks	_____ acres
Bicycle Trails	_____ miles	Playgrounds	
Boat Docks/Slips		Racquetball Courts	
Boat Ramps		Restaurants/Lounges	
Boat Rentals (paddle, canoe and rowboats)		Saunas	
		Shooting Ranges	
Clubhouses	_____ sq ft.	Shuffleboard Courts	
Convenience Stores		Spas/Hot Tubs	
Dams*		Streets/Roads	_____ miles
Diving Rafts		Tennis Courts	
Dog Parks		Volleyball Courts	
Horse Trails	_____ miles		

\* If applicable, complete dam questionnaire GLS-113.

\*\* Is swimming allowed in the lakes? .....  Yes  No

If yes to Boat Rentals, are Coast Guard approved flotation devices provided for all passengers? .....  Yes  No

**25. Swimming Pool Questions**

Are there swimming, wading pools, hot tubs or spas? .....  Yes  No

If yes:

Number of pools/wading pools? .....

Number of hot tubs/spas? .....

Describe other bodies of water: \_\_\_\_\_

Pool area fenced with self-latching gate? .....  Yes  No

Depths marked on pool? .....  Yes  No

Are rules posted and clearly visible? .....  Yes  No

Life safety equipment at poolside and/or waterfront? .....  Yes  No

Platforms or diving boards? .....  Yes  No Height: \_\_\_\_\_

Slides? .....  Yes  No Height: \_\_\_\_\_

Are swimming pools, wading pools, hot tubs and spas in compliance with all federal and/or state laws and/or regulations .....  Yes  No

Are swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? .....  Yes  No

Are there regularly scheduled maintenance and safety inspections performed by qualified maintenance and inspection personnel .....  Yes  No

Certified Lifeguards? .....  Yes  No

(1) If yes, by applicant or outside contractor? \_\_\_\_\_

If outside contractor, are certificates of insurance on file? .....  Yes  No

(2) Are lifeguards CPR certified? .....  Yes  No

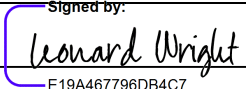
Ratio of attendants to children while swimming: \_\_\_\_\_

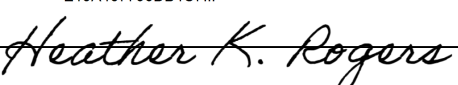
- 26. **Any security guards on premises?** .....  Yes  No  
 If yes, how many? .....
- a. Does association directly employ security guards? .....  Yes  No  
 If yes: Number of unarmed guards: \_\_\_\_\_ Number of armed guards: \_\_\_\_\_
- b. Does outside security guard service provide guards? .....  Yes  No  
 If yes: Number of unarmed guards: \_\_\_\_\_ Number of armed guards: \_\_\_\_\_
- c. Are certificates of insurance required from subcontractor? .....  Yes  No
- d. Is applicant included as an additional insured on subcontractor's policy? .....  Yes  No
- 27. **Does applicant have Workers Compensation coverage in force?** .....  Yes  No
- 28. **Any special events?** .....  Yes  No  
 If yes, describe: \_\_\_\_\_
- 29. **Any sponsored athletic teams?** .....  Yes  No  
 If yes, describe: \_\_\_\_\_
- 30. **Describe any other exposures which the association is responsible for:** \_\_\_\_\_
- 31. **Attach any descriptive or advertising literature.**
- 32. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** .....  Yes  No  
 If yes, describe: \_\_\_\_\_
- 33. **Does applicant have other business ventures for which coverage is not requested?** .....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The undersigned hereby authorizes the release of claim information from any prior insurer to the Company.

APPLICANT'S NAME AND TITLE: Corn Hill Cottages Condominium Trust

APPLICANT'S SIGNATURE:  DATE: 01-Oct-2025 | 8:06 AM PT  
Signed by: E19A467796DB4C7...

PRODUCER'S SIGNATURE:  DATE: 9/18/2025

AGENT NAME: Kaplanksy Insurance Agency AGENT LICENSE NUMBER: 18259312





September 17, 2025

Charise White  
XS Brokers Insurance Agency, Inc.  
13 Temple Street  
Quincy, MA 02169  
cwhite@xsbrokers.com

### Quote Summary

Based on the information provided, we are pleased to offer the following quote with Evanston Insurance Company. Evanston Insurance Company is a surplus lines insurer currently rated A XV by A.M. Best.

These terms are valid for thirty days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review our quotation carefully.

Named insured:	Corn Hill Cottages Condominium	
Mailing Address:	Attn: Leonard Wright, 226 Peterson St Fort Collins, CO 80524	
Transaction number:	8815279	
Renewal of:	EZXS3174371	
Company:	Evanston Insurance Company	
Term quoted:	10/02/2025 to 10/02/2026 (These dates may be amended at time of binding.)	
Governing Class:	ISO Code:	60012
	Description:	Apartment Buildings or Hotels - time-sharing - less than 4 stories
	Premium base:	Units
	Exposure amount:	13
	Primary state:	MA
	Audit basis:	Flat



**Excess Liability Coverage**

**Limits of Insurance**

\$3,000,000 Occurrence / \$3,000,000 Aggregate, excess of primary insurance (see schedule)

**Premium Summary**

Excess Liability Premium \$4,675

Total Excess Liability Premium (**25%** minimum earned) **\$4,675**

**Terrorism**

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage.

Additional Premium for Terrorism: A charge of 5% will be added for any risk electing Terrorism coverage. If purchased, MAUB 1696 and MUB TERR-2 will be removed and MAUB 1292, MAUB 1697 and MUB TERR-1 will be added.

**Taxes & Fees**

Policy fee \$125.00  
Surplus Lines Tax \$187.00

**Total amount due \$4,987.00**

Please note, additional Excess liability limit options are available as follows:

Excess Limit	Premium (excluding Terrorism) <i>Taxes &amp; fees will vary</i>
\$1,000,000 xs primary	\$2,500
\$2,000,000 xs primary	\$3,675
\$3,000,000 xs primary	\$4,675
\$4,000,000 xs primary	\$5,700
\$5,000,000 xs primary	\$6,700

Surplus lines taxes & fees are provided by InsCipher, a surplus lines management software. Markel did not validate the accuracy of any taxes or fees on this quote. The Agency fee is determined by the producer, and Markel is not responsible to ensure this fee meets regulatory compliance.

**Documentation Requirements for Binding:**

Your office is responsible for file maintenance. Supporting documentation can be archived in your files or uploaded to MOL.



Corn Hill Cottages Condominium  
Transaction #: 8815279

Complete files should include:



**Forms and Endorsements**

<a href="#"><u>MJIL 1000 08 10</u></a>	Policy Jacket (Evanston)
<a href="#"><u>MPIL 1007 01 20</u></a>	Privacy Notice
<a href="#"><u>MPIL 1041 02 20</u></a>	How To Report A Claim
<a href="#"><u>MPIL 1083 04 15</u></a>	U.S. Treasury Department's Office Of Foreign Assets Control (OFAC)
	Advisory Notice To Policyholders
<a href="#"><u>MADUB 1000 04 17</u></a>	Commercial Excess Liability Policy Declarations
<a href="#"><u>MDIL 1002 01 10</u></a>	Schedule of Taxes, Surcharges Or Fees
<a href="#"><u>MDIL 1001 08 11</u></a>	Forms Schedule
<a href="#"><u>MEIL 1200 03 23</u></a>	Service Of Suit
<a href="#"><u>MEIL 1225 10 11</u></a>	Change - Civil Union
<a href="#"><u>MIL 1214 09 17</u></a>	Trade Or Economic Sanctions
<a href="#"><u>MADUB 1003 04 17</u></a>	Schedule Of Underlying Insurance
<a href="#"><u>MAUB 0001 01 15</u></a>	Commercial Excess Liability Policy
<a href="#"><u>MAUB 1215 01 15</u></a>	Changes - Single Aggregate Limit
<a href="#"><u>MAUB 1233 01 15</u></a>	Water Hazards Limitation
<a href="#"><u>MAUB 1243 04 17</u></a>	Unimpaired Aggregate Limit
<a href="#"><u>MAUB 1255 01 15</u></a>	Non-Drop Down Provision
<a href="#"><u>MAUB 1264 04 17</u></a>	25% Minimum Earned Premium (Excess)
<a href="#"><u>MAUB 1308 01 15</u></a>	Exclusion - Breach Of Contract
<a href="#"><u>MAUB 1309 03 20</u></a>	Exclusion - Communicable Disease
<a href="#"><u>MAUB 1310 04 17</u></a>	Exclusion - Prior Incidents And Prior Construction Defects
<a href="#"><u>MAUB 1312 01 15</u></a>	Exclusion - Residential Work Or Project - Specified States
<a href="#"><u>MAUB 1338 01 15</u></a>	Exclusion - Aircraft Products and Grounding
<a href="#"><u>MAUB 1355 01 15</u></a>	Exclusion - Nuclear Energy Liability
<a href="#"><u>MAUB 1384 01 15</u></a>	Exclusion - Employment-Related Practices
<a href="#"><u>MAUB 1386 01 15</u></a>	Exclusion - ERISA
<a href="#"><u>MAUB 1390 01 15</u></a>	Exclusion - Assault Or Battery
<a href="#"><u>MAUB 1391 01 15</u></a>	Exclusion - Computer Related And Other Electronic Problems
<a href="#"><u>MAUB 1506 01 15</u></a>	Intellectual Property Rights Following Form
<a href="#"><u>MAUB 1543 04 17</u></a>	Personal And Advertising Injury Aggregate Limit Of Insurance
<a href="#"><u>MAUB 1600 10 20</u></a>	Exclusion - Cyber Incident, Data Compromise, And Violation Of Statutes Related To Personal Information
<a href="#"><u>MAUB 1615 01 15</u></a>	Exclusion - Damage To Property
<a href="#"><u>MAUB 1617 01 15</u></a>	Exclusion - Recall Of Products, Work Or Impaired Property
<a href="#"><u>MAUB 1618 04 17</u></a>	Exclusion - Sublimated Underlying Coverage
<a href="#"><u>MAUB 1621 01 15</u></a>	Exclusion - Recording And Distribution Of Material Or Information In Violation Of Law
<a href="#"><u>MAUB 1638 01 15</u></a>	Exclusion - Fungi Or Bacteria
<a href="#"><u>MAUB 1642 01 15</u></a>	Exclusion - Lead
<a href="#"><u>MAUB 1663 01 15</u></a>	Exclusion - Professional Services
<a href="#"><u>MAUB 1665 01 15</u></a>	Exclusion - Auto No-Fault And Similar Laws
<a href="#"><u>MAUB 1666 01 15</u></a>	Exclusion - War Liability



[MAUB 1678 01 15](#)

Exclusion - Pollution

[MAUB 1692 01 15](#)

Exclusion - Punitive Damages

[MAUB 1696 01 15](#)

Exclusion Of Certified Acts Of Terrorism

[MAUB 1804 01 15](#)

Exclusion - Silica Or Mixed Dust

[MAUB 1811 01 22](#)

Exclusion - Abuse, Molestation or Exploitation

[MAUB 1813 01 15](#)

Exclusion - Asbestos

[MAUB 1822 04 17](#)

Exclusion - Unmanned Aircraft

[MAUB 1843 04 17](#)

Exclusion - Cross Suits

[MAUB 1896 10 23](#)

Exclusion-Habitability

[MUB-TERR-2 01 15](#)

Confirmation Of Exclusion Of Certified Acts Of Terrorism Coverage -  
Terrorism Risk Insurance Act

[MAUB 1855 01 23](#)

Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)



**Schedule of Underlying Coverage**

Commercial General Liability

Carrier	Scottsdale Insurance Company	
Policy Period:	10/02/2025 to 10/02/2026	
Limits	\$1,000,000	Per Occurrence
	\$2,000,000	General Aggregate
	\$2,000,000	Products/Completed Operations Aggregate
	\$1,000,000	Personal and advertising injury



# EVANSTON INSURANCE COMPANY POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: September 17, 2025

Policyholder/Applicant Name: Corn Hill Cottages Condominium

Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

### **SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE** **PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.**

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$234.00
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Leonard Wright  
Policyholder/Applicant Signature

Leonard Wright

Print Name

01-Oct-2025 | 8:06 AM PDT

Date

Form BR-7

AFFIDAVIT BY ASSURED

Affidavit # \_\_ 2025\_\_

I/We **Corn Hill Cottages Condominium**, do hereby state that on **10/2/2025**, I/We directed **Kaplansky Insurance Agency(Truro) (Alera Group)** my/our insurance broker, to obtain insurance against certain risks as described herein. My/Our Insurance Broker informed us that the required insurance could not be obtained from, or would not be written by, companies licensed or admitted to transact business in the Commonwealth of Massachusetts. I/We, the Assured, was/were informed that the type and amount of insurance shown below could be obtained from certain insurers not admitted to transact business in the Commonwealth. I/We was/were further informed:

- A. The surplus lines insurer with whom the insurance was placed is not licensed in this state and is not subject to Massachusetts regulations.
- B. In the event of the insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty fund.

Signature by Assured: Leonard Wright  
 Print Name: **Corn Hill Cottages Condominium**  
 Date: 10/2/2025

**THIS PORTION MUST BE COMPLETED AND SIGNED BY THE ORIGINAL BROKER**

Name of Insured: **Corn Hill Cottages Condominium**  
Address: **Attn: Leonard Wright 226 Peterson St Fort Collins CO 80524**

Location: **62 Corn Hill Rd Truro MA 02666**  
Description: **Condo cottages**  
Coverage: **Excess Liability**  
Premium: **\$4,675.00**  
Tax: **\$187.00**

I/We hereby verify that I/We explained to the insured and it was acknowledged that he/she understood such.

License #: 18259312 Signature: Heather K. Rogers Date: 10/2/2025

A copy of this affidavit must be kept in the original broker's file and a copy must be given to the assured at the time said copy was completed by him/her.

**AFFIDAVIT BY SPECIAL BROKER**

I, **Adam W Devine** of **XS Brokers Insurance Agency**, in said county of **Norfolk** depose and say that I was engaged directly by the Assured named herein or informed by the Assured's Insurance licensed Agent.Broker that after diligent efforts, he/she is unable to procure in companies admitted to do business in this Commonwealth the amount and or type of insurance necessary to protect the insurable interests described above. This Affidavit is made to comply with the requirements of Section 168 of 175 of the General Laws, and to authorize me as a licensed special insurance broker under said section to procure insurance for said insurable interests beyond that which companies admitted to do business in the Commonwealth are willing to write thereon. The following companies or groups are among those which have accepted all or part thereof:

Company	Premium	NAIC	Policy#
Evanston Ins Co.	\$4,675.00	As On File	TBI

Amendments to Affidavit: ( ) Increase ( ) Decrease

I hereby verify the foregoing statements and declare that they were made under the penalties of perjury.

License #: 2330654 Signature: Adam W Devine Date:10/2/2025

Original affidavit must be kept in the Special Brokers File and a copy filed with the Division of Insurance of the Commonwealth of Massachusetts within twenty days following date of procurement.

**XSBROKERS - BR7**



**CONTACT INFORMATION**

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: <b>Leonard Wright</b>		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
<b>(970) 231-1160</b>			
PRIMARY E-MAIL ADDRESS: <b>wrightenv@gmail.com</b>		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)**

LOC # <b>1</b>	STREET <b>62 Corn Hill Road</b>	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # <b>1</b>	CITY: <b>Truro</b> STATE: <b>MA</b> COUNTY: ZIP: <b>02666</b>	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	OUTSIDE	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

**NATURE OF BUSINESS**

<input checked="" type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input checked="" type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS <b>13 Unit Residential Condominium in 11 Buidlings</b>					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %		
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS					

**ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests**

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:		PHONE (A/C, No, Ext):		FAX (A/C, No):		
REASON FOR INTEREST:	LIEN AMOUNT:		E-MAIL ADDRESS:					

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
<input type="text" value="OCCUR DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLVE DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

--

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**PRIOR CARRIER INFORMATION (continued)**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**LOSS HISTORY**  Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS						TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N	

**SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) **(Applicant's Initials):** \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.


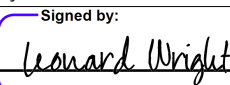
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) <b>Heather Rogers</b>	STATE PRODUCER LICENSE NO (Required in Florida) <b>1927132</b>
APPLICANT'S SIGNATURE 	Signed by:	DATE 01-Oct-2025   8:06 AM EDT



AGENCY CUSTOMER ID: CORNHIL-01

HROGERS

# UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)  
09/18/2025

**IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.**

AGENCY <b>Kaplansky Insurance</b>		CARRIER <b>Evanston Insurance</b>		NAIC CODE <b>N/A</b>
POLICY NUMBER <b>QUOTE</b>	EFFECTIVE DATE <b>10/02/2025</b>	NAMED INSURED(S) <b>Corn Hill Cottages Condominium Trust</b>		

**POLICY INFORMATION**

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	UMBRELLA	<input checked="" type="checkbox"/>	OCCURRENCE	\$	\$
<input checked="" type="checkbox"/>	RENEWAL	<input checked="" type="checkbox"/>	EXCESS	<input type="checkbox"/>	CLAIMS MADE		
				RETROACTIVE DATE			
				PROPOSED	CURRENT		
EXPIRING POL #: <b>EZXS3174371</b>						FIRST DOLLAR DEFENSE (Y / N)	

**EMPLOYEE BENEFITS LIABILITY**

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

**PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)**

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: LOCATION: <b>62 Corn Hill Road Truro, MA 02666</b> DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

**UNDERLYING INSURANCE**

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+ - RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY				CSL EA ACC	\$	\$	
				BI EA ACC	\$	\$	
				BI EA PER	\$		
				PD EA ACC	\$	\$	
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	<b>Scottsdale Insurance Co.</b>  <b>QUOTE</b>	<b>10/02/2025</b>	<b>10/02/2026</b>	EACH OCCURRENCE	\$ <b>1,000,000</b>	PREM / OPS	
				GENERAL AGGR	\$ <b>2,000,000</b>	\$	
				PROD & COMP OPS AGGREGATE	\$ <b>2,000,000</b>	PRODUCTS	
				PERSONAL & ADV INJURY	\$ <b>1,000,000</b>	\$	
				DAMAGE TO RENTED PREMISES	\$ <b>100,000</b>	OTHER	
				MEDICAL EXPENSE	\$ <b>5,000</b>	\$	
EMPLOYERS LIABILITY				EACH ACCIDENT	\$	\$	
				DISEASE			
				EACH EMPLOYEE	\$		
				DISEASE POLICY LIMIT	\$		
						\$	
						\$	

**UNDERLYING INSURANCE (continued)**

**UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)**

1. ARE DEFENSE COSTS:  WITHIN AGGREGATE LIMITS?  A SEPARATE LIMIT?  UNLIMITED?

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N)  EFF. DATE: \_\_\_\_\_

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>
<input type="checkbox"/>	CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	VENDORS LIABILITY	<input type="checkbox"/>
<input type="checkbox"/>	CGL - OCCURRENCE	FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>	WATERCRAFT LIABILITY	<input type="checkbox"/>
<input type="checkbox"/>	COVERAGE	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	EXPOSURE	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT LIABILITY	LIQUOR LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY	POLLUTION LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	ADDITIONAL INTERESTS		<input type="checkbox"/>		<input type="checkbox"/>

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) Attach ACORD 101, Additional Remarks Schedule, if more space is required.

NO SUCH CLAIMS

**CARE, CUSTODY, CONTROL**

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

\*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

**VEHICLES**

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

**ADDITIONAL EXPOSURES**

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		Y / N
<b>ADVERTISERS LIABILITY</b>		
1. MEDIA USED: ANNUAL COST: \$		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?		
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?		
<b>AIRCRAFT LIABILITY</b>		
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?		
<b>AUTO LIABILITY</b>		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?		
6. ARE PASSENGERS CARRIED FOR A FEE?		
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?		
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?		
<b>CONTRACTORS LIABILITY</b>		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?		
11. DESCRIBE TYPICAL JOBS PERFORMED (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		
12. DESCRIBE AGREEMENT (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?		
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?		
<b>EMPLOYERS LIABILITY</b>		
15. IS APPLICANT SELF-INSURED IN ANY STATE?		
16. SUBJECT TO:	<input type="checkbox"/> JONES ACT <input type="checkbox"/> FELA <input type="checkbox"/> STOP GAP <input type="checkbox"/> OTHER:	
<b>INCIDENTAL MALPRACTICE LIABILITY</b>		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?		
19. INDICATE # OF DOCTORS:	NURSES:	BEDS:

**ADDITIONAL EXPOSURES (continued)**

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED											Y / N												
POLLUTION LIABILITY																							
EPA #:																							
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?																							
21. INDICATE THE COVERAGES CARRIED:																							
<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION				<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT																			
<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY				<input type="checkbox"/> SEPARATE POLLUTION COVERAGE																			
PRODUCT LIABILITY																							
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?																							
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)																							
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)																							
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ _____ \$ _____ \$ _____																							
PROTECTIVE LIABILITY																							
26. DESCRIBE INDEPENDENT CONTRACTORS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)																							
WATERCRAFT LIABILITY																							
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">LOC #</th> <th style="width:15%;"># OWNED</th> <th style="width:20%;">LENGTH</th> <th style="width:15%;">HORSEPOWER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				LOC #	# OWNED	LENGTH	HORSEPOWER					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">LOC #</th> <th style="width:15%;"># OWNED</th> <th style="width:20%;">LENGTH</th> <th style="width:15%;">HORSEPOWER</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				LOC #	# OWNED	LENGTH	HORSEPOWER				
LOC #	# OWNED	LENGTH	HORSEPOWER																				
LOC #	# OWNED	LENGTH	HORSEPOWER																				
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS																							
28.																							
LOC #		# STORIES		# UNITS		# SWIMMING POOLS		# DIVING BOARDS															

**REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Large empty rectangular box for additional remarks.

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ \_\_\_\_\_ \* UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ \_\_\_\_\_ \*

\* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. [ ] (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. [ ] (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. [ ] (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. [ ] (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (UIM) COVERAGE.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. [ ] (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. [ ] (INITIALS)

3. I SELECT UIM LIMITS INDICATED IN THIS APPLICATION. [ ] (INITIALS) OR 4. I REJECT UIM COVERAGE IN ITS ENTIRETY. [ ] (INITIALS)

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

Table with 4 columns: PRODUCER'S SIGNATURE, PRODUCER'S NAME (Please Print), STATE PRODUCER LICENSE NO (Required in Florida), NATIONAL PRODUCER NUMBER. Includes handwritten signature of Heather Rogers and Leonard Wright, and date 01-Oct-2025.

MAW.PROCESSING@IPFS.COM
67 MILLBROOK STREET, STE 217
WORCESTER, MA 01606
(800)922-8195 FAX: (508)852-1245
CUSTOMER SERVICE: (866)412-2431

DEERFIELD, IL 60015
(508)995-4553 FAX: (508)995-4525

Table with 3 rows: A CASH PRICE (TOTAL PREMIUMS) \$32,922.84; B CASH DOWN PAYMENT \$8,230.71; C PRINCIPAL BALANCE (A MINUS B) \$24,692.13

AGENT
(Name & Place of business)
KAPLANSKY INSURANCE AGENCY
P.O. BOX 267
N TRURO, MA 02652
(508)487-6060 FAX:

INSURED
(Name & Residence or business)
CORN HILL COTTAGES CONDOMINIUM
TRUS
MARGARET GRIERSON
975 CENTRE ST
JAMAICA PLAIN, MA 02130-3023
(781)929-7663
labowman@comcast.net

Commercial

Account #: \_\_\_\_\_

LOAN DISCLOSURE

Quote Number: 32409280

Additional Policies Scheduled on Page 3

Table with 4 columns: ANNUAL PERCENTAGE RATE (12.220%), FINANCE CHARGE (\$1,403.97), AMOUNT FINANCED (\$24,692.13), TOTAL OF PAYMENTS (\$26,096.10)

YOUR PAYMENT SCHEDULE WILL BE

Table with 4 columns: Number Of Payments (10), Amount Of Payments (\$2,609.61), When Payments Are Due (Beginning: MONTHLY 11/02/2025)

YOU HAVE THE RIGHT TO RECEIVE AN ITEMIZATION OF THE AMOUNT FINANCED:
[] I WANT AN ITEMIZATION (DO NOT CHECK IF YOU DO NOT WANT AN ITEMIZATION)

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default more than 10 days. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge computed by the actuarial method on a 360 day basis or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$16.00.

Table with 7 columns: POLICY PREFIX AND NUMBER, EFFECTIVE DATE OF POLICY, SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT, COVERAGE, MINIMUM EARNED PERCENT, POL TERM, PREMIUM. Includes a summary row for Broker Fee and TOTAL.

The undersigned insured directs ALERA GROUP INC. (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: 1. SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. 2. POWER OF ATTORNEY: Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified, receive all sums assigned to its Lender or in which it has granted Lender a security interest and to execute and deliver on behalf of the insured documents, instruments, forms and notices relating to the listed insurance policies in furtherance of this Agreement.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signed by: Leonard Wright
Signature of Insured or Authorized Agent

01-Oct-2025 | 8:06 AM PDT
DATE

Heather K. Rogers
Signature of Agent

9/30/2025
DATE

**4. AGREEMENT EFFECTIVE DATE:** This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** If any of the following happens insured will be in default: (a) a payment is not made when it is due, (b) a proceeding in bankruptcy, receivership, insolvency or similar proceeding is instituted by or against insured, or (c) insured fails to keep any promise the insured makes in this Agreement; provided, however, that, to the extent required by applicable law, insured may be held to be in default only upon the occurrence of an event described in clause (a) above. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If insured's check or electronic funding is dishonored for any reason, the insured will pay to Lender a fee of \$10.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated and Lender may charge a reinstatement fee where permitted up to the maximum amount allowed by law. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). This Agreement may be purchased or assigned for consideration directly from your agent/broker or from another originator of premium finance loans. Your agent/broker may have a financial interest in the premium finance company that you have contracted with and, as a result, may receive a financial benefit from arranging the financing of your insurance premiums. If you have any questions about this financial interest, you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender to the extent permitted by law if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. (Not applicable in KY) **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender's gross negligence or willful misconduct (not applicable in KY). Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES:** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. ADDITIONAL PREMIUM FINANCING:** Insured authorizes Lender to make additional advances under this premium finance agreement at the request of either the Insured or the Insured's agent with the Insured's express authorization, and subject to the approval of Lender, for any additional premium on any policy listed in the Schedule of Policies due to changes in the insurable risk. If Lender consents to the request for an additional advance, Lender will send Insured a revised payment amount ("Revised Payment Amount"). Insured agrees to pay the Revised Payment Amount, which may include additional finance charges on the newly advanced amount, and acknowledges that Lender will maintain its security interest in the Policy with full authority to cancel all policies and receive all unearned premium if Insured fails to pay the Revised Payment Amount. **18. PRIVACY:** Our privacy policy may be found at <https://ipfs.com/Privacy>. **19. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Massachusetts will govern this Agreement. **20. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **21. WAIVER OF SOVEREIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

#### AGENT/BROKER REPRESENTATIONS

The agent/broker executing this, and any future, agreements represents, warrants and agrees: (1) installment payments totaling \$0.00 and all applicable down payment(s) have been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

(Name & Place of business)  
 KAPLANSKY INSURANCE AGENCY

P.O. BOX 267  
 N TRURO, MA 02652  
 (508)487-6060 FAX:

**INSURED**

(Name & Residence or business)  
 CORN HILL COTTAGES CONDOMINIUM TRUS  
 MARGARET GRIERSON  
 975 CENTRE ST

JAMAICA PLAIN, MA 02130-3023  
 (781)929-7663  
 labowman@comcast.net

Account #: \_\_\_\_\_

**SCHEDULE OF POLICIES**  
 (continued)

Quote Number: 32409280

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	10/02/2025	SCOTTSDALE INSURANCE CO XS BROKERS INS AGENCY, INC.	LIABILITY	25.00%	12	620.00 Fee: 125.00 Tax: 24.80
PENDING	10/02/2025	LLOYD'S LONDON - CERTAIN UNDERWRITE XS BROKERS INS AGENCY, INC.	PROPERTY	25.00%	12	24,451.00 Fee: 350.00 Tax: 978.04
PENDING	10/02/2025	STARNET INSURANCE CO XS BROKERS INS AGENCY, INC.	DIRECTORS & OFFICERS	25.00%	12	1,262.00 Fee: 100.00

Broker Fee: \$25.00

**TOTAL: \$32,922.84**

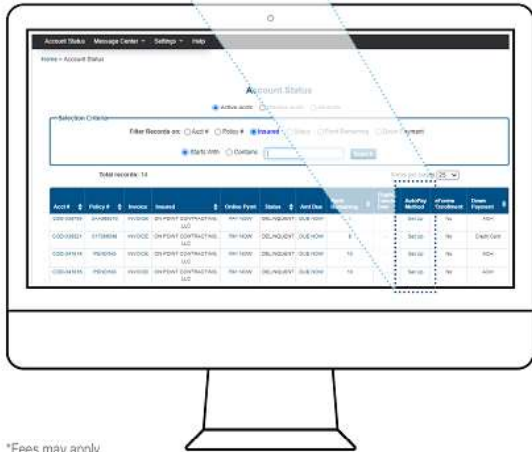
# AutoPay

Enroll in AutoPay on ipfs.com

IPFS Corporation® has made it easier than ever to pay your insurance coverages with AutoPay. Enrolling in AutoPay is easy and provides peace of mind by allowing you to set up recurring ACH or credit card payments to make your monthly installment payment automatically. After you have received your web access code, visit ipfs.com, view your account status page, and select Set Up to get started with AutoPay\*!

**Getting signed up is as easy as clicking the words Set Up on your Account Status page in column labeled the AutoPay Method.**

AutoPay Method
Set Up
Set Up
Set Up
Set Up



\*Fees may apply.

## AutoPay Benefits:



Easily maintain coverage



No risk of forgetting to make a payment



Less paperwork



Please visit [ipfs.com](http://ipfs.com) for more information



\*Our payment processing service provider may charge a technology fee, where allowed by law, related to processing a payment. IPFS's payment processing service provider may charge a fee to set up AutoPay on behalf of a borrower. Imperial PFSS® is a trade name affiliated with IPFS Corporation (IPFS®), a premium finance company. Loans remain subject to acceptance by IPFS in its sole discretion; issuance of a quote does not constitute an offer to lend. Access to products and services described herein may be subject to change and is subject to IPFS's standard terms and conditions in all respects, including the terms and conditions specifically applicable to use of the IPFS's website and mobile applications, as applicable, and IPFS's eForms Disclosure and Consent Agreement. IPFS is not responsible for insufficient funds or overdraft fees. Copyright © 2023 IPFS Corporation. All rights reserved.

### Certificate Of Completion

Envelope Id: B74FCCFC-21CB-4763-B11D-B95E87720DB1	Status: Completed
Subject: Complete with Docusign: Corn Hill Cottages Condominium Trust - Renewal Quotes with Updated IPFS	
Source Envelope:	
Document Pages: 73	Signatures: 21
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Heather Rogers
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	10 Kearney Rd
	Needham, MA 02494
	hrogers@kaplansky.com
	IP Address: 73.249.233.110

### Record Tracking

Status: Original	Holder: Heather Rogers	Location: DocuSign
9/18/2025 8:04:22 AM	hrogers@kaplansky.com	

### Signer Events

Leonard Wright  
wrightenv@gmail.com  
Co-President  
Security Level: Email, Account Authentication (None)

### Signature

Signed by:  
  
E19A467796DB4C7...  
Signature Adoption: Pre-selected Style  
Using IP Address: 198.99.82.155

### Timestamp

Sent: 9/18/2025 8:19:29 AM  
Resent: 9/26/2025 10:55:52 AM  
Viewed: 9/30/2025 4:08:19 AM  
Signed: 10/1/2025 8:06:34 AM

**Electronic Record and Signature Disclosure:**  
Accepted: 9/30/2025 4:08:19 AM  
ID: 38c0d662-67ad-411f-a60b-f526412d2ef5

### In Person Signer Events

### Signature

### Timestamp

### Editor Delivery Events

### Status

### Timestamp

### Agent Delivery Events

### Status

### Timestamp

### Intermediary Delivery Events

### Status

### Timestamp

### Certified Delivery Events

### Status

### Timestamp

### Carbon Copy Events

### Status

### Timestamp

Heather Rogers  
hrogers@kaplansky.com  
Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 9/18/2025 8:19:29 AM  
Resent: 10/1/2025 8:06:42 AM

**Electronic Record and Signature Disclosure:**  
Not Offered via Docusign

### Witness Events

### Signature

### Timestamp

### Notary Events

### Signature

### Timestamp

### Envelope Summary Events

### Status

### Timestamps

Envelope Sent	Hashed/Encrypted	9/18/2025 8:19:29 AM
Envelope Updated	Security Checked	9/30/2025 5:48:53 AM
Envelope Updated	Security Checked	9/30/2025 5:48:53 AM
Envelope Updated	Security Checked	10/1/2025 5:59:25 AM
Envelope Updated	Security Checked	10/1/2025 5:59:25 AM
Certified Delivered	Security Checked	9/30/2025 4:08:19 AM

<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
--------------------------------	---------------	-------------------

Signing Complete	Security Checked	10/1/2025 8:06:34 AM
Completed	Security Checked	10/1/2025 8:06:34 AM

<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
-----------------------	---------------	-------------------

<b>Electronic Record and Signature Disclosure</b>
---------------------------------------------------

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, Kaplansky Insurance (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Kaplansky Insurance:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [jsoares@kaplansky.com](mailto:jsoares@kaplansky.com)

### **To advise Kaplansky Insurance of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [jsoares@kaplansky.com](mailto:jsoares@kaplansky.com) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

### **To request paper copies from Kaplansky Insurance**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [jsoares@kaplansky.com](mailto:jsoares@kaplansky.com) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

### **To withdraw your consent with Kaplansky Insurance**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [jsoares@kaplansky.com](mailto:jsoares@kaplansky.com) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Kaplansky Insurance as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Kaplansky Insurance during the course of your relationship with Kaplansky Insurance.